

Student Special Event Request

Request Number _____

EUSD Nutrition, 2310 Aldergrove Ave., Escondido CA 92029
760-432-2332 Fax 760-735-2876

Event Name/Grade: _____	Time Needed: _____
Event Date: _____	Contact Name: _____
School/ Location: _____	Phone: _____ EXT: _____
Method of Payment: _____	Zip Code: _____
Name on Credit Card: _____	Expiration Date: _____
Credit Card Number: _____	Security Code: _____

Budget Account Code	Fund	Sub Fund	Resource	Sub Resource	Function	Object 4300	Sub Object	Location
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Sub Codes: 040 = students, 042 = Classroom Supplies

MENU	ITEMS NEEDED	QUANTITY	COST	TOTAL	COMMENTS:
BREAKFAST	Entrée:				
LUNCH MENU	Entrée:				
ALA CARTE					

NUTRITION SERVICES USE ONLY					
	FREE STUDENTS:				Vendor Invoice Number
	REDUCED:				HOLLANDIA:
	FULL PAY:				PZA GUY:
	ADULT:				FER APPROVED:
	TOTAL OWED:				

Please complete all sections and email form to thebean@eusd.org with a copy to your site Kitchen Manager.

APPROVAL SECTION

_____ ASB Advisor: _____	_____ Date: _____	_____ Site Principal: _____	_____ Date: _____
_____ ASB Treasurer: _____	_____ Date: _____	_____ Nutrition Site Manager: _____	_____ Date: _____